

November 3, 2021

Mr. Stephen Grubbs, Chair Covenant Health Investment Trust 100 Ames Pond Drive Tewksbury, MA 01876

Dear Stephen:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Instructions for filing the above forms are furnished for easy reference.

The returns were prepared from the information furnished by you. Please review the returns before signing to ensure that there are no omissions or misstatements of material facts. If you note anything which may require a change to the returns, please contact us before filing them.

Prior to preparing your returns, we asked questions to determine if you had any foreign financial accounts requiring disclosure with the tax returns on IRS Form 8938 and filing of U.S. Treasury Form FinCEN 114. We have prepared your tax returns based on the information you provided in response to these questions. If you indicated that you have no reportable interest in foreign financial accounts or you have not responded to our inquiries related to this request, your tax returns were prepared without any disclosure for these accounts. Otherwise, we have prepared your tax returns in accordance with the information you provided to us and have made the appropriate disclosure on your return and have prepared Form FinCEN 114 and/or Form 8938 and the accompanying filing instructions.

Please be advised that there are significant civil and criminal penalties for non-disclosure and reporting of such accounts. Baker Newman Noyes will not be liable for any penalties resulting from your failure to provide us with

accurate and timely information regarding such accounts or to timely file the required disclosure forms.

Tax Shelter Disclosure: Please remember that, although tax shelters can be perfectly legal, the IRS monitors this area closely, and disclosure requirements must be given the utmost consideration. As a taxpayer, you are required to disclose any transaction that the IRS deems "reportable." In general, reportable transactions include: certain listed or potential tax avoidance transactions; transactions that require keeping secret an advisor's tax strategies; transactions in which fees are contingent on your realization of tax benefits; and transactions that result in claiming certain sizable casualty losses.

If you have questions or believe that you may have participated in a reportable transaction, please contact your advisor at Baker Newman Noyes. In addition, the IRS maintains a tax shelter hotline that you may contact anonymously at (866) 775-7474. You are responsible for ensuring that you have properly disclosed all reportable transactions. Failure to make required disclosures will result in substantial penalties.

Furthermore, Baker Newman Noyes will not be liable where penalties arise from your failure to disclose reportable transactions. Please remember that our ability to assist you is limited to the information that you have provided us. Thus, your tax returns will not contain the appropriate disclosures unless you notify us about potential reportable transactions. Please contact us with any information or concerns about reportable transactions before filing your returns.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Very truly yours,

Nicholas E. Porto

Principal

Filing Instructions

Prepared for:

Mr. Stephen Grubbs, Chair Covenant Health Investment Trust 100 Ames Pond Drive Tewksbury, MA 01876

Prepared by:

Baker Newman Noyes, LLC 650 Elm Street, Suite 302 Manchester, NH 03101

2020 FORM 990

Please sign and mail on or before November 15, 2021.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Inspection

and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change Covenant Health Investment Trust X Name change Providentia Prima Trust 04-6835128 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 978-654-6363 100 Ames Pond Drive termin-ated 50,962,110. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return Tewksbury, MA 01876 H(a) Is this a group return Applica-F Name and address of principal officer: Stephen Grubbs Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ covenantheath.net **H(c)** Group exemption number ▶ K Form of organization: Corporation X Trust Association Other > L Year of formation: 1996 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: Covenant Health Investment Trust Activities & Governance (formerly Providentia Prima Trust) was established to hold and Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 11 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 0. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 20,875,840. 15,015,788. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,875,840. 15,015,788. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 694,840. 607,788. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 694,840. 607,788. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20,181,000. 14,408,000. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 269,001,472. 327,463,635. 20 Total assets (Part X, line 16) 188,837. 21 Total liabilities (Part X, line 26) Net/ 268,812,635. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Stephen Grubbs, Chair Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed 11/03/21 Nicholas E. Porto P01310283 Paid Firm's name Baker Newman Noyes, LLC Firm's EIN **■** 01-0494526 Preparer Firm's address 650 Elm Street, Suite 302 Use Only Phone no. 800-244-7444 Manchester, NH 03101 X Yes May the IRS discuss this return with the preparer shown above? See instructions

PROVIDENTIA PRIMA

Written Action of Settlor

March 26, 2021

The undersigned, being the Settlor of Providentia Prima (hereinafter referred to as the "Trust"), a trust established under Declaration of Trust dated August 1, 1996, as amended (the "Declaration"), and acting pursuant to Section 9.3 of the Declaration, hereby consents to the following action:

RESOLVED: That the Declaration of Trust is hereby amended and restated in the form attached hereto.

This Written Action of Settlor shall be filed with the records of the Trust.

EXECUTED as of this date set forth above.

COVENANT HEALTH, INC., Settlor

By:

Stephen Grubbs
President

THIRD AMENDED AND RESTATED DECLARATION OF TRUST OF COVENANT HEALTH INVESTMENT TRUST

This 26 day of March, 2021, Covenant Health, Inc., a Massachusetts non-profit corporation, Settlor of Covenant Health Investment Trust (hereinafter be referred to as the "Trust"), as established under Declaration of Trust dated August 1, 1996, and as amended and restated on January 1, 2007 and June 25, 2010, pursuant to the Settlor's power to amend said Declaration of Trust in accordance with the provisions of Section 9.3 hereof, hereby amends and restates said Declaration of Trust by striking Articles I through XI in their entirety and substituting therefor the following new Articles 1 through 9:

ARTICLE 1

NAME, PURPOSE, GOVERNING LAW, DEFINITIONS AND TITLES

Section 1.1. <u>Name</u>. The name of the Trust shall be the "Covenant Health Investment Trust". Notwithstanding the foregoing, the Settlor may, at any time and from time to time, by written instrument adopt such other name for the Trust as the Settlor deems proper.

Section 1.2. <u>Purpose</u>.

- (a) This Trust is organized and shall be operated exclusively for charitable, religious, educational and scientific purposes, including, without limitation, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Code Section 501(c)(3). More specifically, this Trust shall serve as a pooled investment fund for shareholders that are exempt from federal income tax under Code Section 501(c)(3) and not a private foundation under Code Section 509(a), in connection with which such shareholders may arrange for the investment through this Trust of funds which such Shareholders would otherwise be permitted to invest on their own.
- (b) No part of the net earnings of this Trust shall inure to the benefit of, or be distributable to any private individual, except that the Trust may pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its purposes.
- (c) This Trust shall not carry on propaganda or attempt to influence legislation, and shall not participate or intervene in any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of this Declaration, this Trust shall not carry on any other activities not permitted to be carried on by an organization exempt from federal income tax under Code Section 501(c)(3) or by an organization, contributions to which are deductible under Code Section 170(c)(2). If at any time the Trust is classified as a private foundation under Code Section 509(a), the Trustees shall not engage on behalf of the Trust in any act of self-dealing as defined in Code Section 4941(d), or retain any excess business holdings as defined in Code Section 4943(c), or make any investments in such manner as to incur tax liability under Code Section 4944, or make any taxable expenditures as defined in Code Section 4945(d).

- Section 1.3. <u>Trust Only</u>. It is the Settlor's intent to create only the relationship of a trustee and a beneficiary between the Trustees and the Shareholders (as defined in Section 1.5(e)) hereunder. It is not the Settlor's intent to create a general partnership, limited partnership, joint stock association, corporation, bailment or any form of legal relationship other than a charitable trust. Nothing in this Declaration shall be construed to treat or otherwise make the Shareholders, either by themselves or with the Trustees, partners or members of a joint stock association.
- Section 1.4. <u>Governing Law and Place of Administration</u>. This Trust shall at all times be governed and construed in accordance with the laws of the Commonwealth of Massachusetts. The Trustees may administer this Trust in accordance with the laws of the Commonwealth of Massachusetts or such other place as the Trustees shall from time to time determine.
- Section 1.5. <u>Definitions</u>. Wherever they are used herein, the following terms shall have the respective meanings assigned to them below:
- (a) "Declaration" shall mean this Third Amended and Restated Declaration of Trust, as in effect and as may be amended from time to time.
- (b) "Code" shall mean the Internal Revenue Code of 1986 or any successor Code as the same may from time to time be amended.
- (c) "Series" shall mean a Series of Shares which may be established in accordance with the provisions of Article 4 hereof.
- (d) "Settlor" shall mean Covenant Health, Inc., a Massachusetts non-profit corporation.
- (e) "Shareholder" shall refer to a record holder of outstanding Shares. For purposes of this Declaration, a permissible "Shareholder" shall only include the following: (a) the Settlor; or (b) an entity in which the Settlor is the sole member or shareholder, is a member of the health care system operated by the Settlor, is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and is not a private foundation under section 509(a) of the Internal Revenue Code.
- (f) "Shares" shall refer to the units of beneficial interest by which the Trust property shall be divided from time to time, and shall include fractions of Shares as well as whole Shares.

Section 1.6. <u>Severability</u>.

(a) The provisions of this Declaration are severable, and if the Trustees shall determine, with the advice of counsel, that any of such provisions is in conflict with any applicable laws and regulations, the conflicting provisions shall be deemed superseded by such law or regulation to the extent necessary to eliminate such conflict; provided, however, that such

determination shall not affect any of the remaining provisions of this Declaration or render invalid or improper any action taken or omitted prior to such determination.

- (b) If any provision of this Declaration shall be held invalid or unenforceable in any jurisdiction, such invalidity or unenforceability shall pertain only to such provision in such jurisdiction and shall not in any manner affect such provision in any other jurisdiction or any other provision of this Declaration in any jurisdiction.
- Section 1.7. <u>Titles</u>. The titles of all Articles hereunder are inserted for reference only and do not affect the interpretation of this Trust.

ARTICLE 2

TRUSTEES

Section 2.1. <u>Current and Successor Trustees; Appointments</u>. The current Trustees shall be those individuals who serve on the Investment Committee of the Settlor, serving *ex officio*. If the bylaws of the Settlor are amended or do not otherwise require an Investment Committee, the Settlor may appoint successor and additional Trustees by a written instrument. Any appointment of a Trustee hereunder shall not take effect until the appointee shall endorse his or her acceptance thereon.

Section 2.2. <u>Removals; Resignations</u>.

- (a) Trustees shall automatically cease being Trustees upon removal or resignation as a member of the Settlor's Investment Committee.
- (b) If the bylaws of the Settlor are amended or do not otherwise require an Investment Committee, the Settlor may remove any Trustee by action of its Board of Directors with written notification being provided to such Trustee.
- (c) If the bylaws of the Settlor are amended or do not otherwise require an Investment Committee, a Trustee may resign in an instrument in writing signed by him or her and delivered to the Settlor.
- (d) If a Trustee shall be deemed incapacitated pursuant to Section 2.7, such Trustee shall be deemed to have resigned and such resignation shall take effect without the need for any action by such Trustee.
- Section 2.3. <u>Delivery of Written Instruments to the Trustees</u>. All written instruments effecting the appointment, removal and resignation of any Trustee hereunder shall be delivered to all Trustees then serving hereunder.
- Section 2.4. <u>Compensation, Liability and Indemnification</u>. The Trustees shall not be entitled to compensation to be paid from the Trust property. No Trustee shall be required to give a bond for the performance of his or her duties or to furnish a surety on any bond required by a court of competent jurisdiction. Unless due to his or her own willful default or gross negligence, no Trustee shall be liable for his or her acts or omissions or those of any co-Trustee or prior

Trustee. The Trustees shall be indemnified and held harmless to the extent of the property held hereunder for any liability incurred by them while acting hereunder except liabilities incurred by them through their own willful default or gross negligence.

- Section 2.5. Reliance on Experts. Subject to the provisions of Section 2.4, the Trustees shall be fully and completely justified and protected with regard to any act or any failure to act resulting from their reliance on the advice or opinion of legal counsel, investment advisors, accountants, appraisers or other experts or consultants that are selected with reasonable care by the Trustees, notwithstanding the fact that such counsel or expert may also be a Trustee or may be affiliated with any one or more of them.
- Section 2.6. <u>Domestic Trust</u>. There shall always be at least one Trustee who is a U.S. Person as that term is defined in Code Section 7701(a)(30) ("U.S. Person"). The U.S. Person Trustee shall have the authority to make all substantial decisions (as such term is defined in Section 301.7701-7(d)(1)(ii) of the Treasury Regulations) related to the administration of this Trust. If there are two or more Trustees then serving, at least a majority of the Trustees shall be U.S. Persons, and the U.S. Person Trustees shall have the authority to make all substantial decisions related to the administration of this Trust.
- Section 2.7. <u>Incapacity of Trustee</u>. A Trustee shall be incapacitated if the Trustee: (a) is deceased; (b) is mentally or physically incapable of performing the duties of a Trustee; (c) is under guardianship or conservatorship; or (d) is bankrupt. The determination of Trustee's incapacity shall be made by the Settlor.
- Section 2.8. <u>Trustees' Certificate</u>. A written instrument signed by any Trustee as to the identity of the Trustees or as to any other facts or matters relating to the Trust or its management shall be conclusive as to all facts stated in such instrument in favor of any person relying thereon, and no one dealing with any Trustee shall be held to see to the application of any money or property transferred to or upon the order of such Trustee.

ARTICLE 3

POWERS OF TRUSTEES

The Trustees shall have the following powers and authorities which may be exercised by the Trustees in their discretion, but only in a fiduciary capacity and only to the extent the same would not result in loss of the Trust's status as a qualified tax-exempt organization under Code Section 501(c)(3), and which shall be supplementary to the powers conferred on Trustees by law:

- (a) <u>Retention of Property</u>. To retain any property of any kind received hereunder without regard to diversification and without being restricted to property authorized by law for trust investment.
- (b) <u>Sale or Disposition of Property</u>. To sell, give any option to buy, exchange or otherwise dispose of any property at any time held hereunder, on such terms for cash or credit, secured or unsecured, and in such manner as may be deemed advisable.

- (c) <u>Investments</u>. To invest and reinvest in such securities and other property, real or personal, including, without limitation, bonds, notes, mortgages, and other obligations, preferred and common stocks, partnerships, investment trusts or companies and common or collective trust funds, as may be deemed advisable, whether or not such securities or other property be of the character authorized by law for trust investment and without regard to diversification.
- (d) <u>Pooled Investment Fund</u>. To conduct, operate and carry on the business of one or more pooled investment fund(s), and, in connection therewith:
- (i) to subscribe for, purchase or otherwise acquire and invest and reinvest in, to hold for investment or otherwise, to sell, transfer, assign, negotiate, exchange, lend or otherwise dispose of, and to turn to account or realize upon and generally deal in and with securities (which term, "securities," shall include without limitation any and all bills, notes, bonds, debentures or other obligations or evidences of indebtedness, certificates of deposit, bankers acceptances, commercial paper, repurchase agreements or other money market instruments; stocks, shares or other equity ownership interest; and warrants, options or other instruments representing rights to subscribe for, purchase, receive or otherwise acquire or to sell, transfer, assign or otherwise dispose of, and scrip, certificates, receipts or other instruments evidencing any ownership rights or interests in, any of the foregoing);
- (ii) to acquire and become the owner of or interested in any securities by delivering or issuing in exchange or payment therefore, in any lawful manner, any of the Trust property belonging to the Trust or any Shares of the Trust;
- (iii) to exercise while the owner of any securities or interests therein any and all of the rights, powers and privileges or ownership of such securities or interests, including, without limitation, any and all voting rights and rights of assent, consent or dissent pertaining thereto, and to do any and all acts and things for the preservation, protection, improvement and enhancement in value thereof; and
- (iv) to conduct, operate and carry on any other lawful business and engage in any other lawful business activity which the Trustees, in their sole and absolute discretion, consider to be: (A) incidental to the business of the Trust as a pooled investment fund; (B) conducive to or expedient for the benefit or protection of the Trust; or (C) calculated in any other manner to promote the interests of the Trust or the Shareholders of the Trust.
- (e) <u>Management of Real Estate</u>. To operate, maintain, alter, improve, subdivide, partition, mortgage and lease for any term (whether or not longer than the probable duration of the Trust) any real property held hereunder, without the license or approval of any court.
- (f) <u>Business and Financial Entities</u>. To enter into joint ventures, partnerships or any other combinations or associations; to consent to or to participate in dissolutions, reorganizations or other changes or actions affecting property held hereunder; to extend, modify or waive the terms of any bond, mortgage or other obligation; to exercise all option, conversion, subscription, voting and other rights pertaining to any property; and to grant proxies and to delegate discretionary powers with respect thereto; to enter into any voting trust agreement with respect to any securities, including securities of S Corporations; and to deposit securities with, or transfer

them to, protective committees, voting trusts or similar bodies, whether or not the respective terms thereof may extend beyond the term of the Trust.

- (g) <u>Hold Property as Nominee</u>. To hold Trust property in the name of a nominee or in unregistered or bearer form.
- (h) <u>Collection of Property; Settlement of Claims</u>. To collect all property due to the Trust; to pay all claims against the Trust; and to prosecute, defend, settle, compromise, adjust or refer to arbitration or enter into or maintain litigation to resolve any claim which may be asserted on behalf of or against the Trust.
- (i) <u>Expenses</u>. To incur and pay any expenses which, in the opinion of the Trustees, are necessary or incidental to carry out any of the purposes of the Trust, and, in the case of an expense belonging to a particular Series, to charge that expense against the Series which it belongs and to determine what shall be charged or credited to income and what to principal in such manner as shall fairly accord with the law of trusts prevailing in the Commonwealth of Massachusetts from time to time.
- (j) <u>Employment and Payment of Agents</u>. To employ others in connection with the administration of the Trust, including legal counsel, investment advisors, custodians, brokers, accountants and agents, notwithstanding the fact that a Trustee may receive a direct or indirect financial benefit as a result of such employment or may be affiliated with any one or more of them, and to pay them reasonable compensation.
- (k) <u>Indemnification</u>. To indemnify any person with whom the Trust has dealings, including, without limitation, the Settlor and the Shareholders, to the extent permitted by law, as the Trustees shall determine.
- (l) <u>Delegation of Powers</u>. To delegate from time to time to each other, to committees, or to third parties either discretionary or non-discretionary duties and powers, except as elsewhere prohibited herein; and specifically, but without limitation, to delegate investment authority to investment counsel upon such terms and conditions, including full discretion, as may be deemed appropriate.

ARTICLE 4

PROVISIONS REGARDING SHARES OF BENEFICIAL INTEREST

Section 4.1. <u>Provisions regarding Shares of Beneficial Interest.</u>

(a) <u>Division into Shares</u>. Upon receipt of property hereunder from a Shareholder, the Trust property shall be divided into Shares. The Shares, in turn, may belong to one or more Series. Each Share of a Series shall represent an equal share in the assets of a Series (as defined in Section 4.2(b)) and shall not represent a share of the assets of another Series. No Share shall have any priority or preference over any other Share of the same Series. Notwithstanding the foregoing, the Trustees in their discretion may, from time to time, divide or combine the Shares of any particular Series into a greater or lesser number of shares of that Series without thereby changing the proportionate beneficial interest of the Shares of that Series.

- (b) <u>Issuance of Additional Shares</u>. The Trustees in their discretion may, from time to time, issue Shares or fractional Shares that are in addition to the then issued and outstanding Shares of such Series for such consideration and on such terms as the Trustees may deem advisable. The Trustees may refuse to issue Shares to any current Shareholder or prospective Shareholder for any reason in their discretion.
- (c) <u>Admittance of Shareholder</u>. A prospective Shareholder shall only become a Shareholder upon deposit of funds with the Trust and execution of an investment agreement in the form prescribed by the Trustees and any other documents or instruments as the Trustees may require from time to time.
- (d) Ownership of Shares. The ownership of Shares shall be recorded on the books of the Trust or a transfer or similar agent for the Trust; provided, however, that if the Trustees have established Series pursuant to Section 4.2, the books shall be maintained separately for the Shares of each Series. No certificates certifying the ownership of Shares shall be issued except as the Trustees may otherwise determine from time to time. The Trustees may make such rules as they consider appropriate for the transfer of Shares of each Series and similar matters. The record books of the Trust as kept by the Trust or any transfer or similar agent, as the case may be, shall be conclusive as to who are the Shareholders of each Series and as to the number of Shares of each Series held from time to time by each.

Section 4.2. Provisions regarding Series of Shares.

(a) <u>Establishment of Series</u>. The Trustees shall establish the following Series under the Trust: Series A; Series B; and Series C, which will be pooled investment funds. Series A, B and C shall pertain to Short Term, Intermediate Term and Long Term investments, respectively. All Shares which previously have been issued and are outstanding as of the date of this Third Amended and Restated Declaration of Trust shall be designated as Shares of Series under which the Shares were issued.

(b) Assets and Liabilities of a Series.

(i) Assets of a Series. Except as otherwise provided herein, the Trustees shall hold the assets belonging to a particular Series together with the assets belonging to another Series so that the assets of all Series are held together as a pooled fund. Notwithstanding the foregoing, the Trustees, in their discretion, may hold the assets belonging to a particular series separately from the assets belonging to another series so that the assets of all Series are held separately. For purposes of this Section 4.2, the term "the assets belonging to a particular Series" shall mean all consideration received by the Trust for the issuance or sale of Shares of a particular Series, together with all assets in which such consideration is invested or reinvested, all income, earnings, profits and proceeds thereof from whatever source derived, including, without limitation, any proceeds derived from the sale, exchange or liquidation of such assets, and any funds or payments derived from any reinvestment of such proceeds in whatever form the same may be. In the event that there are any assets, income, earnings, profits and proceeds thereof, funds or payments which are not readily identifiable as belonging to any particular Series (hereinafter referred to as "General Assets"), the Trustees shall allocate such General Assets to, between or among any one or more of the Series established and designated from time

to time in such manner and on such basis as they, in their sole discretion, deem fair and equitable, and any General Asset so allocated to a particular Series shall belong to that Series. Each such allocation by the Trustees shall be conclusive and binding upon the Shareholders of all Series for all purposes.

- (ii) <u>Liabilities of a Series</u>. Where possible, the Trustees shall charge against the assets belonging to a particular Series the liabilities of the Trust with respect to that Series. For purposes of this Article 4.2, the term "the liabilities of the Trust with respect to that Series" shall mean the expenses, costs, charges and reserves attributable to that Series. If there are any general liabilities of the Trust which are not readily identifiable as belonging to any particular Series, the Trustees shall allocate and charge to and among any one or more of the Series such general liabilities on such basis as the Trustees in their sole discretion deem fair and equitable. Each allocation of liabilities, expenses, costs, charges and reserves by the Trustees shall be conclusive and binding upon the Shareholders of all Series for all purposes.
- (c) <u>Establishment of Additional Series; Exchange of Series and Termination of Series.</u>
- (i) <u>Establishment of Additional Series</u>. Notwithstanding any other provisions of this Declaration, the Trustees may establish and designate additional Series, provided that the establishment and designation of any additional Series is consistent with the fair and equitable treatment of all Shareholders. The establishment and designation of any additional Series hereunder shall become effective upon an amendment to this Trust as provided in Section 9.3 or by vote or written consent of the Trustees.
- (ii) <u>Exchange of Series</u>. The Trustees in their discretion may provide that the Shareholders of Shares of a particular Series shall have the right to exchange said Shares for Shares of one or more other Series and may establish such requirements and procedures by which Shareholders may so exchange.
- (iii) <u>Elimination of Series</u>. If, at any time that there are no outstanding Shares of any particular Series, the Trustees may abolish and rescind the establishment and designation of that Series. The elimination of a Series hereunder shall become effective upon an amendment to this Trust as provided in Section 9.3 or by vote or written consent of the Trustees (if such Series was established and designated by vote or written consent).

ARTICLE 5

PROVISIONS REGARDING REDEMPTIONS

Section 5.1. <u>Shareholders' Right to Require Redemptions</u>. The Shareholders shall have the right to require that the Trust to redeem all or any part of such Shareholder's Shares at such times as may be permitted by the Trust. The redemption of Shares shall be effected at a redemption price as determined in accordance with Section 5.5 hereof. Notwithstanding the foregoing, the Trustees may, at any time and from time to time, suspend such right of redemption.

- Section 5.2. <u>Redemption of Shares for Sound Reasons</u>. The Trustees may call for redemption, and cause the Trust to redeem, all or any part of a Shareholder's Shares of any Series without such application of or authorization from such Shareholder, if, in the opinion of the Trustees such redemption is in the best interests of the Trust. The redemption shall be effected at a redemption price determined in accordance with Section 5.5 hereof.
- Section 5.3. Redemption of Shares for Tax Purposes. If, at any time, the Trustees shall be of the opinion that direct or indirect ownership of Shares of any Series by any Shareholder would disqualify the Trust as an organization exempt from federal income tax under Code Section 501(c)(3), they shall: (a) call for redemption from any such Shareholder a number, or principal amount, of Shares of such Series sufficient, in the opinion of the Trustees, to maintain or bring the direct or indirect ownership of Shares of such Series into conformity with the requirements for such qualification; and (b) refuse to transfer or otherwise re-issue the Shares of such Series to any Person whose acquisition of the Shares of such Series would, in the opinion of the Trustees, result in such disqualification. The redemption shall be effected at a redemption price determined in accordance with Section 5.5 hereof.
- Section 5.4. Redemptions to Reimburse Trust for Loss on Nonpayment for Shares or for Other Charges. The Trustees may redeem the Shares of any Series that are owned by a Shareholder to the extent necessary: (i) to reimburse the Trust for any loss it has sustained by reason of the failure of such Shareholder to make full payment for Shares of such Series that are purchased by such Shareholder; or (ii) to collect any charge relating to a transaction effected for the benefit of such Shareholder which is applicable to Shares of such Series. Any such redemption shall be effected at the redemption price determined in accordance with Section 5.5 hereof.
- Section 5.5. <u>Procedure for Redemptions</u>. Upon application of or pursuant to a request received from any Shareholder, the Trust shall redeem from such Shareholder outstanding Shares of a particular Series for an amount per Share equal to the net asset value per Share of such Series (determined as set forth in Section 6.1) at the time of redemption. The Trustees may, at any time and from time to time, charge fees for effecting such redemption, at such rates as the Trustees may determine.
- Section 5.6. Payment for Redeemed Shares In-Kind. The Trustees may make payment for any Shares redeemed pursuant to Section 5.1 hereof in such manner as they determine, including, without limitation, cash or in-kind, or partially in cash and partially in-kind. In case of full or partial payment in-kind, the Trustees shall have absolute discretion to determine the securities or other assets of the Trust and the amount thereof to be distributed in-kind. For such purpose, the value of any securities or other non-cash assets delivered in payment for Shares of any Series redeemed shall be determined in the same manner as the value of such securities or other non-cash assets are determined in accordance with Section 6.1 hereof for purposes of determining the net asset value per Share applicable to Shares of such Series, as of the same time that the net asset value per Share applicable to Shares of such Series is determined.

ARTICLE 6

DETERMINATION OF NET ASSET VALUE, NET INCOME AND DIVIDENDS AND DISTRIBUTIONS

- Section 6.1. <u>Net Asset Value</u>. The Trustees shall have the power to cause the net asset value per Share of any Series to be determined in such manner, with such frequency and at such specific time of day, as the Trustees shall determine. The Trustees may delegate the power to determine the net asset value per Share of any Series to any investment adviser, custodian, shareholder servicing agent, or other agent who has been hired for such purpose by the trust.
- Section 6.2. <u>Net Income</u>. The Trustees shall have the power to cause the net income of any Series to be determined with the same frequency and at the same time as the net asset value per Share of such Series is determined in accordance with Section 6.1 hereof. The Trustees shall have full discretion to determine whether any cash or property of the Trust shall be treated as income or as principal and whether any item of expense shall be charged to the income or the principal account, and their determination made in good faith shall be conclusive upon the Shareholders. In the case of stock dividends received, the Trustees shall have full discretion to determine, in the light of the particular circumstances, how much, if any, of the value thereof shall be treated as income, and the balance, if any, shall be treated as principal.
- Section 6.3. <u>Dividends or Distributions</u>. It is the Settlor's intent that the Trustees shall accumulate any income or dividends received hereunder and shall re-invest such income or dividends as the Trustees see fit. Notwithstanding the foregoing, the Trustees, in their discretion, may declare and pay ratably to the Shareholders of any Series, as dividends or distributions on their Shares of such Series, such proportion of the net income, capital gains, surplus (including paid-in surplus), capital or assets of such Series as the Trustees may deem proper. Dividends and distributions on Shares of any Series may be paid with such frequency (which shall be quarterly as of the last day of each calendar quarter unless the Trustees determine otherwise) and may be paid in cash or other property, or in additional Share of such Series, in such manner, at such times, and on such terms as the Trustees shall determine. Dividends and distributions may be paid to the Shareholders of record of any Series at the time of declaring the dividend or distribution or to such Shareholders of record at such later date as the Trustees shall determine.

ARTICLE 7

RIGHTS OF THE SHAREHOLDERS

- Section 7.1. <u>Voting Rights</u>. The Shareholders shall have no voting rights with respect to the Trust or this Declaration.
- Section 7.2. <u>Redemption Rights</u>. The Shareholders shall have the right to require the Trust to redeem all or any part of such Shareholder's Shares, subject to the provisions of Section 5.1.

- Section 7.3. <u>Limitations on Rights of Shareholders</u>. The Shareholders shall have no interest therein other than the beneficial interest conferred by their Shares. The Shareholders shall have no right to call for any partition or division of any property, profits, rights or interests of the Trust nor can they be called upon to assume any losses of the Trust or suffer an assessment of any kind by virtue of their ownership of Shares. The Shares shall be treated as personal property giving only the rights specifically set forth in this Declaration. The Shares shall not entitle any holder thereof to preemptive, appraisal, conversion or exchange rights, except as the Trustees may determine.
- Section 7.4. <u>Non-Assignability of Shares</u>. No Shares nor any rights or claims in connection therewith shall be assignable or transferable by any Shareholder, nor shall any Shares or any rights or claims in connection therewith be subject to garnishment, trustee process, attachment, execution or levy of any kind, except to the extent approved by the Trustees in their discretion or as may be permitted by law, and any attempt to transfer, assign or pledge the same without the approval of the Trustees shall not be recognized by the Trustees except to such extent as may be required by law.

ARTICLE 8

NOTICE AND REPORTS

- Section 8.1. <u>Duty to Inform and Report</u>. Except for the specific accounting provisions set forth in Section 8.2., and except as may otherwise be required by law, the Trustees shall have no obligation to comply with the provisions of section 813 of the Massachusetts Uniform Trust Code.
- Section 8.2. <u>Accounts</u>. The Trustees shall, at least quarterly, render an account of their trust to each Shareholder, containing such information as the Trustees shall determine, provided that such statements shall include information required by applicable law.

ARTICLE 9

DURATION, TERMINATION OF TRUST, AMENDMENT, MERGERS, ETC.

Section 9.1. <u>Duration</u>. Notwithstanding anything to the contrary contained herein, if the Trust has not sooner terminated, the Trust shall terminate upon the expiration of the period of existence permitted for charitable trusts under the applicable laws of the United States of America or the Commonwealth of Massachusetts.

Section 9.2. Termination of Trust; Procedures.

- (a) This Trust may be terminated by a majority of the Trustees, subject to approval by the Settlor. Upon the termination of the Trust:
- (i) This Trust shall carry on no activities except for the purpose of winding up its affairs.

- (ii) The Trustees shall proceed to wind up the affairs of the Trust and all of the powers of the Trustees under this Declaration shall continue until the affairs of the Trust shall have been wound up, including the power to fulfill or discharge the contracts of the Trust, collect its assets, sell, convey, assign, exchange, transfer or otherwise dispose of all or any part of the remaining Trust property to one or more persons at public or private sale for consideration which may consist in whole or in part of cash, securities or other property of any kind, discharge or pay liabilities of the Trust and to do all other acts appropriate to liquidate the business of the Trust.
- (iii) After paying or adequately providing for the payment of all liabilities belonging, severally, to each Series and upon receipt of such releases, indemnities and refunding agreements, as they deem necessary for their protection, the Trustees shall, in accordance with such procedures as the Trustees consider appropriate, reduce the remaining assets belonging, severally, to each Series to distributable form in cash or shares or other securities, or any combination thereof, and distribute the proceeds belonging to each Series among the Shareholders of that Series, as a Series, ratably according to the number of Shares of that Series held by the several Shareholders on the date of termination. No distributions shall be made to any Shareholder that no longer qualifies as a tax-exempt organization under Code Section 501(c)(3).
- (b) After termination of the Trust and distribution to its Shareholders as herein provided, a majority of the Trustees shall execute and lodge among the records of the Trust an instrument in writing setting forth the fact of such termination, and the Trustees shall thereupon be discharged from all further liabilities and duties hereunder, and the rights and interests of all Shareholders shall thereupon cease.

Section 9.3. Amendments.

- (a) <u>Amendments</u>. This Declaration may be amended, from time to time, by a writing or action by the Settlor or by the Trustees, with the approval of the Settlor; provided however, that if the sole purpose of the amendment by the Trustees is to designate and establish additional Series or terminate a Series, the Trustees may amend this Declaration without the approval of the Settlor.
- (b) <u>Limitation on Amendments</u>. No amendment of this Declaration shall be made that will jeopardize or otherwise cause the Trust to no longer be qualified as tax-exempt under Code Section 501(c)(3).
- (c) <u>Evidence of Amendments</u>. A certificate signed by a majority of the Trustees, setting forth an amendment and reciting that it was duly adopted by the Settlor or by the Trustees shall be conclusive evidence of such amendment when lodged among the records of the Trust.
- Section 9.4. <u>Merger, Consolidation and Sale of Assets</u>. This Trust may merge into or consolidate with any other corporation, association, trust or other organization or may sell, lease or exchange all or substantially all of the Trust property, including its good will, upon such terms and conditions and for such consideration when as authorized by vote or written consent of the Trustees and approved by the Settlor.

Section 9.5. <u>Incorporation</u>. Subject to approval by the Settlor, the Trustees may cause to be organized or assist in organizing a corporation or corporations under the laws of any jurisdiction or any other trust, partnership, association, or other organization to take over all of the Trust Property or to carry on any business in which the Trust shall directly or indirectly have any interest, and to sell, convey and transfer the Trust Property to any such corporation, trust, partnership, association or organization in exchange for the shares or securities thereof or otherwise, and to lend money to subscribe for the shares or securities of, and enter into any contracts with any such corporation, trust, partnership, association or organization in which the Trust holds or is about to acquire shares or any other interest. Subject to such approval, the Trustees may also cause a merger or consolidation between the Trust or any successor thereto and any such corporation, trust, partnership, association or other organization if and to the extent permitted by law, as provided under the law then in effect.

IN WITNESS WHEREOF, this Third Amended and Restated Declaration of Trust has been executed by the undersigned Settlor as of the day and year first above written.

COVENANT HEALTH, INC., Settlor

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By:

Stephen Grubbs President The undersigned, being a Trustee of the Covenant Health Investment Trust, hereby acknowledges receipt of the foregoing Third Amendment and Restatement.

Dated:	November	2	2021
Daica.	TAGACIIIOCI	4,	2021

Name:

Style & Kulh

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

Form **990** (2020)

4e

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	177
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			 ₩
	Part VI	11a		X
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b	21	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

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Form 990 (2020) Covenant Health In Part IV Checklist of Required Schedules (continued)

. u.	Cite and a required contained pointmixed			
00	Did the every institute was set as see the set of 000 of swants or althous assistance to set for demonstrating individuals are		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			21
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cohodula I. David	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_ v	
Par	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Confedure C Contains a response of flote to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number reported in Box of Form root. Enter of in the applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	х	
		_		

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Form **990** (2020)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Edu Form Celebration (1997) and the statements of the form of the statement of th				Yes	No
b If a least one is reported on line 2a, did the organization file all required to e-file (see Instructions) Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Dix Brown the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes', his it filed a Form 9907 for this year? If Whi? to file all, your provide an explanation on Schedule O. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, securities account, or other financial accountly or the foreign country. 5c If Yes' is lost the the name of the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have foreign country. 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization is of the organization the rorm 8804 or any contributions that were not tax deductible? 6c Boses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when or tax deductible? 6c Boses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c Boses the organization receive a payment in excess of \$5's made partly as a contribution and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, indicate the number of forms 8882 filed during the year. 6d If Yes, indicate the number of forms 8882 filed during the year. 7c If Wes, indicate the number of forms 8882 filed during the year. 8d Did the organization received an contribution of qualified intellectual property, did the organization file a form 1084-07. 8d Sposoring organizations enabled a contribution of qualified intellectual property, did the organization file a form 1084-07. 8d Sposoring organizations enabled a contribution of a contribution	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
b If Yes, "has it flied a Form 990 T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorly over, a financial account in a foreign country (secund as a bank account, secundies account, or other financial account)? 5 If 'Yes," inter the name of the foreign country \(\) Yes, "enter the name of the foreign country \(\) Yes, "enter the name of the foreign country \(\) Yes, "interest may be a prohibited tax shelter transaction at any time during the tax year? 5 A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B X Dick any taxable party notify the organization file Form 888617 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 B X 5 If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or 170(c). 6 B Washington that may receive deductible contributions under section 170(c). 7 Organizations that may receive deductible contributions under section 170(c). 8 B Washington that may receive deductible contributions under section 170(c). 9 B Washington that may receive deductible contributions or define the payer? 7 To year, and the organization netwice algority as a committed and party for goods and services provided? 7 To year, and the organization netwice and contribution of the value of the goods or services provided? 7 To year, and the organization netwice and contribution of the payer. 7 To washington the payer payer to the year of the value payer of the organization network and the year of the organization network and the year of the year of the organization file and the year of the organization network and the year organization file and the year organ		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country P	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
the interval of the contributions are part of the foreign country (such as a bank account, securities account, or other financial account)? b if 1'Yes, 'retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8888-17? 6a Does the organization shall that it was or is a party to a prohibited tax shefter transaction? 6b I 'Yes' to line 5a or 5b, did the organization file Form 8888-17? 7c Organization shall may receive deductible as charitable contributions? 6b I 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization shall many receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution of payment in the contributions under section 170(c). 8d Did the organization received a payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7d Did the organization received a payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7a Did the organization received a contribution of the value of the goods or services provided? 7a Did the organization received a contribution of undersective or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization netwer of Forms 8282 filed during the year 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization the a Foreign and party time of the organization file a Form 8292 as required?, The organization file a Foreign and party time prohibitions un	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b ID did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line Sar of Sb, did the organization file Form 88867? 5c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 6d If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 6 If ID did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to adnor, donor advised rung the year? 9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised rung the year? 9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization m	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					v
	16		16		Λ
		If "Yes," complete Form 4720, Schedule O.	Form	000	(2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official	15a		X
a	Other officers or key employees of the organization	15b		Λ
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		22
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sac	exempt status with respect to such arrangements?	IOD		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	is only) avail	ahla
10	for public inspection. Indicate how you made these available. Check all that apply.	is of fly	, avall	abic
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
13	statements available to the public during the tax year.	u midi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
5	Stephen Grubbs, Chair - 978-654-6363			
	100 Ames Pond Drive, Tewksbury, MA 01876			

Form **990** (2020)

90059-I1

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week (list any	_	1			J., u.o		from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 *********************************	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) 0 1 0 11	line)	PL	lns	ijij.	Ke	Hig	For			
(1) Stephen Grubbs Chair	3.00 42.50	x		x				0.	883,059.	33,117
(2) William Adams	1.00	^		Δ				0.	003,039.	33,117
Trustee (end 11/2020)	0.00	X						0.	0.	0
(3) Mark Anthoine	1.00	122						0.	0.	0
Trustee	3.00	x						0.	0.	0.
(4) Paul Arenburg	1.00	┢▔								
Trustee (end 11/2020)	0.00	x						0.	0.	0
(5) Ken Arnold	1.00									
Trustee	0.00	Х						0.	0.	0
(6) Rosemarie Connolly	1.00									
Trustee (end 11/2020)	4.00	Х						0.	0.	0 .
(7) William Demaso	1.00							_	_	_
Trustee (end 11/2020)	0.40	Х						0.	0.	0 .
(8) Kevin Halloran	1.00	١								
Trustee (end 11/2020)	0.00	Х						0.	0.	0
(9) John Isaacson	1.00	↓						0.	0.	_
Trustee (10) John Oliverio	1.00	Х						0.	0.	0
Trustee	3.00	X						0.	0.	0
(11) Louise Trottier	1.00	122						0.	0.	0
Trustee	4.00	x						0.	0.	0
(12) Donald M. DeHart	3.00									
Chair (end 11/2020)	0.00	Х		х				0.	0.	0 .
		<u> </u>								
		<u> </u>								_
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										000 /

Form **990** (2020)

Page 8

Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	•	Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation			nount	of
		week (list any	_				1	1	from	from relate			other	41
		hours for	lirecto				L		the organization	organizatior (W-2/1099-MI			pensa	
		related	e or c	stee			satec		(W-2/1099-MISC)	(***-2/1033-1011	30,		anizat	
		organizations	truste	al trus		yee	mper		(** 2/ 1000 *********************************			_	d relat	
		below	Individual trustee or director	Institutional trustee	La la	Key employee	est co loyee	Jer				orga	anizati	ons
		line)	Indiv	Instii	Officer	Key e	Highest compensated employee	Former						
											$-\!\!\!\!+$			
	•													
							1							
							\vdash				\dashv			
							-							
	Subtotal								0.	883,0	59.	3	3,1	17.
	Total from continuation sheets to Part VII								0.	00370	0.		 	0.
	Total (add lines 1b and 1c)								0.	883,0		3	3,1	
2	Total number of individuals (including but no								eceived more than \$100	·				
	compensation from the organization													0
											_		Yes	No
3	Did the organization list any former officer,	director, trust	ee, ł	кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4	For any individual listed on line 1a, is the su	•							•	•				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a	•				,		elat	ted organization or indiv	idual for services	3			
_	rendered to the organization? If "Yes," comp	olete Schedul	e J f	or st	uch	pers	son .					5		X
	tion B. Independent Contractors									*				
1	Complete this table for your five highest con	=									npensa	ation 1	trom	
	the organization. Report compensation for t	ne calendar y	ear (endi	ng v	vith	or w	πτηις Ι	-	year.		10	-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	
	(A) Name and business	address							(B) Description of s	services	Cc)) eamc	ز) nsatio	n
NE:	PC - LLC										<u> </u>			•

(A) Name and business address	(B) Description of services	(C) Compensation
NEPC, LLC		
· · · · · · · · · · · · · · · · · · ·	Investment advisory	216,425.
Silchester International Investors, 780	Investment	
3rd Avenue, 42nd Floor, New York, NY 10017	management	203,397.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

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2

\$100,000 of compensation from the organization

			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			Check if Schedule O contains a response	or note to any iii	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
ts ts	1	а	Federated campaigns 1a					
ran	١.		Membership dues 1b					
Ä,G			Fundraising events 1c					
iifts ar A			Related organizations 1d					
s, G mik			Government grants (contributions) 1e					
öis			All other contributions, gifts, grants, and					
but the		-	similar amounts not included above					
d di		g	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f	>				
				Business Code				
9	2	а						
e <u>Z</u> i		b						
Se		С						
ran }eve		d						
Program Service Revenue		е						
ā		f	1 9					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		5,631,920.			5,631,920.
	4		Income from investment of tax-exempt bond p	-				
	5		Royalties(i) Real	(ii) Personal				
	_			(II) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Not worth in a constant (in a constant)					
	၂ ,		Gross amount from sales of (i) Securities	(ii) Other				
	'	а	assets other than inventory 7a 45,330,190	` '				
		h	Less: cost or other basis					
ne		-	and sales expenses					
/en		С	Gain or (loss) 7c 9,383,868					
her Revenue			Net gain or (loss)		9,383,868.			9,383,868.
Jer	8		Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 188a					
		b	Less: direct expenses 8b					
			` '	<u></u>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	P				
	ו ו	а	Gross sales of inventory, less returns and allowances					
		h	and allowances 10a Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		_	Net income of (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11	а						
nue	l ''	b						
eve		c						
Alisc R			All other revenue					
_			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		15,015,788.	0.	0.	15,015,788.

90059-I1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must com	nolete all columns. All other	organizations must com	plete column (A)

Δ-	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	24 022		24 022	
С	Accounting	34,233.		34,233.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	404 550		404 550	
f	Investment management fees	484,558.		484,558.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	20 007		20 007	
13	Office expenses	28,997.		28,997.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			-	
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	+		+	
23	Insurance Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) Administration expenses	60,000.		60,000.	
a b		00,000.		30,000	
C				+	
d					
e e	All other expenses			+	
25	Total functional expenses. Add lines 1 through 24e	607,788.	0.	607,788.	0
<u>25</u> 26	Joint costs. Complete this line only if the organization	20.,700.	<u></u>		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	in tollowing doi: 30-2 (Add 330-720)				Form 990 (202

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Part X	`	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X	1		
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			2,596,659.	1	1,626,538
2		Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net		3			
4		Accounts receivable, net		4			
5	5	Loans and other receivables from any currer	nt or form	er officer, director,			
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	these pe	sons		5	
6	6	Loans and other receivables from other disq	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in s	ection 4958(c)(3)(B)		6	
ទ្ឋ 7	7	Notes and loans receivable, net				7	
Assets 4 8 6 8 8 8	3	Inventories for sale or use				8	
[≰] 9	•	Prepaid expenses and deferred charges				9	
10)a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
11	1	Investments - publicly traded securities			188,571,671.		302,565,861
12	2	Investments - other securities. See Part IV, lin	ne 11		77,833,142.	12	23,271,236
13	3	Investments - program-related. See Part IV, li	ine 11			13	
14	1	Intangible assets				14	
15	5	Other assets. See Part IV, line 11				15	
16		Total assets. Add lines 1 through 15 (must e			269,001,472.	_	327,463,635
17		Accounts payable and accrued expenses \dots	188,837.	17	(
18		Grants payable		18			
19		Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Comple				21	
ဖ္တ 22		Loans and other payables to any current or t					
<u> </u>		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	-			22	
23		Secured mortgages and notes payable to un				23	
24		Unsecured notes and loans payable to unrel				24	
25	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-2	4). Complete Part X			
		of Schedule D			100 027	25	
26	<u> </u>	Total liabilities. Add lines 17 through 25			188,837.	26	0
န္		Organizations that follow FASB ASC 958,	check he	ere 🕨 📖			
ב	_	and complete lines 27, 28, 32, and 33.					
<u>e</u> 27						27	
<u> </u>		Net assets with donor restrictions				28	
		Organizations that do not follow FASB AS	C 958, c	neck here 🕨 🕰			
<u> </u>		and complete lines 29 through 33.	1 -		0.	60	0
29		Capital stock or trust principal, or current fur			0.	29	<u> </u>
30		Paid-in or capital surplus, or land, building, o			268,812,635.	30	327,463,635
Net Assets or Fund Balances 25 29 30 1 32 32 32 32 32 32 32 32 32 32 32 32 32		Retained earnings, endowment, accumulated			268,812,635.	31	327,463,635
		Total net assets or fund balances			269,001,472.	32	327,463,635
33	5	Total liabilities and net assets/fund balances			403,001,414.	33	527,403,033 Form 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15	,01		
2	Total expenses (must equal Part IX, column (A), line 25)	2				88.
3	Revenue less expenses. Subtract line 2 from line 1	3		,40		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,81		
5	Net unrealized gains (losses) on investments	5	-7	, 35	1,0	00.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	51	,59	4,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	327	7,463,635.		
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?				X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?	J		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Covenant Health Investment Trust 04-6835128 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Covenant Health. 22-2484505 10 0 Х Inc. 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Total

0.

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Covenant Health Investment Trust 04-68351 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

000	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						_
	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						_
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	_
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	•		•		•	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	, , ,	,				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired ofter June 20, 1075						
· · · · · · · · · · · · · · · · · · ·						
c Add lines 10a and 10b						
activities not included in line 10b,						
whether or not the business is						
regularly carried on				1	-	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
						<u></u>
Section C. Computation of Public						
15 Public support percentage for 2020 (lir					15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves						
17 Investment income percentage for 202					17	%
18 Investment income percentage from 20	019 Schedule A,	Part III, line 17			18	9/
19a 33 1/3% support tests - 2020. If the o					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the o						
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	_		X
	1		Λ
	2		X
	3a		X
	Ja		
	3b		
	3с		
	4a		X
	4b		
	4c		
	5a		Х
	FL-		
	5b 5c		
	6	Х	
	7		X
	,		
	8		Х
	9a		X
	9b		X
	9c		X
	30		_
			v
	10a		X
	10b		
m 9	90 or 99	90-EZ)	2020

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		Х
b	A fami	ily member of a person described in line 11a above?	11b		X
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		Х
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2	ldot	X
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
600		pported organization(s).	1		Щ_
sec	tion L	D. All Type III Supporting Organizations			
	5			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
_3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
_ 7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by 0.035.	6						
_7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see							
	instructions).							

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	1 0033120 Fage 1
	ion D - Distributions		Ţoonam.	1	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>е</u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part IV, Section A, Line 1:

While the Trust's supported organizations are not specifically named in the governing documents, they are limited to those qualifying tax-exempt affiliates within the Covenant Health System that are also qualifying and active shareholders, as explained below.

The Trust serves as a pooled investment fund for Shareholders that are exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, are not a private foundation under Section 509(a) of the Code, in connection with which such Shareholders may arrange for the investment through the Trust of funds which such Shareholders would otherwise be permitted to invest on their own. The Trust's governing documents make clear that no private individual, except for the compensation of direct-services, may benefit from the Trust's net assets.

The Trust exists to provide pooled investment services and support to its shareholding-members. Shareholders must satisfy the conditions set forth above, but must additionally be members of the Covenant Health

Affiliated System. Covenant Health Inc. must retains either a directly or indirect ownership interest in all of the Trust's shareholding, supported organizations.

Additionally, shareholding, supported organizations of the Trust are

designated and supported based on their class and percentage of

ownership; shares are divided into Class A and Class B categories,

which bestow various rights and privileges. It is the discretion of the

032028 01-25-21

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Trustees to change these class-designations and the beneficial
interests they carry.
Part IV, Section A, Line 6:
The Trust exists to provide pooled-investment support-services to its
Shareholders, which are required by the Trust's governing documents to
be organizations exempt from federal income tax under Section 501(c)(3)
of the Internal Revenue Code and to also be affiliated organizations
under the Covenant Health System. Covenant Health, Inc., a
Massachusetts based non-profit, is the parent of the System, and either
directly controls all affiliated organizations within the System;
Covenant Health, Inc. is also the principal shareholder of the Trust
and is the named Supported Organization on the Trust's Schedule A, Part
I, Line 12g. While the Trust may provide investment support-services to
these affiliated organizations which are not themselves the named
Supported Organization, all of these affiliated organizations are part
of the Covenant Health System, and therefore services rendered on their
behalf either directly or indirectly benefits Covenant Health, Inc.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Covenant Health Investment Trust

Employer identification number 04 - 6835128

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 311 4 312
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Otl	har Similar Assats
I al	Complete if the organization answered "Yes" on Form	-	nei olilliai Assets.
10	If the organization elected, as permitted under FASB ASC 95		ud halanga ahaat warka
ıa	of art, historical treasures, or other similar assets held for pul	, '	
	service, provide in Part XIII the text of the footnote to its final	·	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in further	erance of public service,
			• •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
_	the following amounts required to be reported under FASB A		gain, provide
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tı	reasures, o	r Othe	r Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how th	ney further t	the organizatio	n's exen	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be mai	ntained as part of t	the orga	nization's c	ollection?			\square	Yes		No
Pai	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contributio	ns or other ass	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. (•]
Pai											
	<u> </u>	(a) Current year		rior year	(c) Two years			ears back	(e) Four	years I	back
1a	Beginning of year balance	,			' '	<u> </u>	, ,		,		
b	Contributions										
c	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
	Administrative expenses										
g	End of year balance	ent year and balana	o (lino 1	a column ((a)) hold as:						
2		ent year end baland		g, column (a)) rielu as.						
a	Board designated or quasi-endowment	0/	_%								
	Permanent endowment	%									
С	Term endowment										
_	The percentages on lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posses .	sion of the organiza	ation tha	at are held a	and administer	red for th	ie organiz	zation	г		
	by:									Yes	No
	(i) Unrelated organizations									\dashv	
	(ii) Related organizations								3a(ii)	\longrightarrow	
b	If "Yes" on line 3a(ii), are the related organization				?				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	D, Part I\	-	1						
	Description of property	(a) Cost or o			t or other		cumulate		(d) Book	value	3
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
Total	Add lines to through to (Column (d) must ea	ual Form 000 Port	V colum	nn (D) lina	100)						Ο.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (i) Financial derivatives (2) Coxely held equity interests (3) Chier (A) Silchester (Northern (A) Silchester (Northern (B) Trust) (C) (D) (E) (E) (F) (G) (G) (F) (G) (F) (G) (F) (G) (G) (F) (G) (F) (G) (G) (F) (G) (G) (F) (G) (F) (G) (F) (G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Part VII Investments - Other Securities.		
(1) Francial derivatives (2) Closely held equity interests (3) Closely held equity interests (4) Closely held equity interests (5) Chee (6) Closely held equity interests (7) Closely held equity interests (8) Closely held equity interests (8) Closely held equity interests (8) Closely held equity interests (9) Closely (10) Closely interests (10)	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(2) Closely held equity interests (3) Other (3) Other (3) Other (4) (5) (6) (7) (7) (8) (7) (8) (7) (8) (8) (8) (9)	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2) Closely held equity interests (3) Other (4) S11Chester (Northern (5) Trust) (23,271,236 End-of-Year Market Value (6) (7) (8) (9)	(1) Financial derivatives		
(3) Other (Northern (8) Trust)	(O) Olasaka kalaka waita isatawa ata		
Column C			
Ci	(A) Silchester (Northern		
C C C C C C C C	(B) Trust)	23,271,236.	End-of-Year Market Value
Complete	(C)		
(G) (G) (G) (G) (H) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (77) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Port IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions, in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(D)		
(G) (F) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 23, 271, 236. Part VIII] Investments - Program Related. Complete If the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (3) (6) (6) (7) (8) (9) (9) (1)	(E)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 23, 271, 236.	(F)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12, b 23, 271, 236. Part VIII Investments - Program Related.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12, b 23, 271, 236.			
Part VIII Investments - Program Related.	` '	23,271,236.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) Federal income taxes			
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
	Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	

	ddie D (Form 990) 2020 COV CHAITC HEALTH HIV CO CHA		04 0033120 Pa	age ¬
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Covenant and its member organizations are considered not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Employer identification number

t aiii	e or the organization					Employer Identi	noution number
Cov	venant Health	Investm	ent Trus	t		04-68351	28
Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	te if the organ	ization answered "	Yes" on
	Form 990, Part IV	/, line 14b.					
1	-	-		ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	stance?	Yes L No
_							
2		ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
3	United States.	ho following Bad	I lino 3 tablo co	an be duplicated if additional space is n	oodod)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	()	offices	`employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
ent	cral America and			Investment in funds			
	Caribbean -			domiciled in foreign			
ayn	nan Islands	0	0	jurisdictions			10,185,000.
2 -	Subtotal	0	0				10,185,000.
	Total from continuation						10,100,000.
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
_	and 3h)	0	0				10 185 000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement (f) Manner of cash disbursement (f) Manner of cash disbursement (f) Amount of noncash assistance (f) Manner of cash disbursement (f) Manner of cash disbursem	
	od of ok, FMV, other)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities	

Part III Grants and Other Assistan	ce to Individuals Outsid	le the United St	ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	additional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. Schedule F, Part IV, Line 3: The organization did not have an ownership interest in any foreign corporation that is greater than the 10% filing threshold. Accordingly, IRS Form(s) 5471 is not required to be filed.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Covenant Health Investment Trust

Employer identification number 04-6835128

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		<u> </u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) Stephen Grubbs	(i)	0.	0.	0.	0.	0.	0.	0.
Chair	(ii)	756,762.	100,000.	26,297.	5,700.	27,417.	916,176.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

Any compensation paid to the trustees, directors, officers or key employees of the Organization is subject to the oversight and decisions of Covenant

Health, a related tax-exempt organization. Every two-to-three years the

Compensation Committee of the Covenant Health Board of Directors engages an external consultant to provide competitive market data from various survey sources, which is then used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the compositeness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Covenant Health Investment Trust

Employer identification number 04-6835128

Form 990, Part I, Line 1, Description of Organization Mission: manage pooled investments of various organizations exempt from Federal income tax under Section 501(c)(3)

Form 990, Part VI, Section A, line 3:

The Board of Trustees delegated management duties to Cardinal Investment Management, Inc. (EIN 04-3391257).

Form 990, Part VI, Section A, line 6:

The interest in and membership of the Trust is divided into units referred to as "Shares" in the Trust's governing documents and Bylaws. The number of Shares that the Trust may have outstanding at any time is unlimited, but may be divided and grouped into different series of ownership. Each share of any particular series represents an equal proportionate share in the net assets (that is, the assets, liabilities, and cumulative income) of the Trust, as is assigned to such series.

An entity may become a shareholder of the Trust if the prospective shareholder meets a number of conditions:

- is exempt from federal income tax under Section 501(c)(3) of the Code, and is not a private foundation under Section 509(a) of the Code;
- 2.) is affiliated with the Sisters of Charity of Montreal ("Grey Nuns"), a member of the health care system operated by Covenant Health Systems, or otherwise approved by the Board of Trustees;
- executes an investment agreement with the Trust, as prescribed by the Board of Trustees; and

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Covenant Health Investment Trust

Employer identification number 04-6835128

4.) satisfies all other requirements for shareholders as may be set forth by the Board of Trustees from time to time.

As a shareholder of the Trust must be an affiliated organization of the

Covenant Health System, and as Covenant Health, Inc. retains either direct
or indirect control and membership over all of the Covenant Health
affiliates, Covenant Health Inc. effectively serves as the Trust's
principal shareholder.

Form 990, Part VI, Section A, line 7a:

In the Trust's governing documents, Covenant Health, Inc., a Massachusetts non-profit corporation, is designated as the "Settlor". It is the power and responsibility of the Settlor to determine the number of Trustees serving on the Trust's Board, as well as to elect the Trustees to their position.

Additionally, the Settlor retains the right and power to alter the terms of office of the Trustees, as well as lengthen or shorten the Trustees' terms of office. Covenant Health, Inc. is also a majority shareholder of the Trust.

Form 990, Part VI, Section A, line 7b:

Shareholders may only vote on the Trust's governing decisions as such decisions relate to the net assets to which Shareholders' Series of Shares pertains. However, the Board of Trustees retains the power to change the voting privileges held by the Shareholders and their Series. Additionally, the ownership of Trust Property, and the right to conduct business with that property, is vested exclusively by the Trustees. Shareholders have no right to call for a division of property, profits, or other transactions except as it pertains to the beneficial interest bestowed on them by their

Name of the organization Covenant Health Investment Trust 04-6835128

ownership interest.

However, Shareholders do retain the power to vote on the following issues, if certain circumstances and specific situations occur. Such decisions are also subject to the approval of the Board of Trustees and the Majority Shareholder; these decisions are listed in the governing documents as follows:

- (1) Termination of the Trust
- (2) Amendments to the Trust's Bylaws
- (3) Mergers, consolidations, and the sale of assets
- (4) Incorporation of the Trust
- (5) The handling of a court action and lawsuit
- (6) Other matters as allowed by the Trust from time to time

Form 990, Part VI, Section B, line 11b:

The Form 990 is provided to the governing body for their review and approval prior to filing.

Form 990, Part VI, Section B, Line 12c:

This process is the responsibility of the Compliance Officer. A conflict of interest disclosure form is submitted to all leadership, board members, board committee members, employed physicians, medical directors and certain employees in key positions annually to be completed. Reminders are sent to all persons of interest to ensure that all conflict of interest disclosure forms are completed and collected.

Form 990, Part VI, Section B, Line 15:

Any compensation paid to the trustees, directors, officers or key employees

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization **Employer identification number** Covenant Health Investment Trust 04-6835128 of the Organization is subject to the oversight and decisions of Covenant Health, a related tax-exempt organization. Every two-to-three years the Compensation Committee of the Covenant Health Board of Directors engages an external consultant to provide competitive market data from various survey sources, which is then used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the compositeness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable. Form 990, Part VI, Section C, Line 19: The Organization's Form 990, governing documents, conflict of interest policy, and financial statements are made available to the public upon request. The Organization's Form 990 is also made available on the website of its parent organization, Covenant Health, at the following web address: https://www.covenanthealth.net/financial-information/financial-information Form 990, Part XI, line 9, Changes in Net Assets: Net transfers from affiliates 51,594,000. Form 990, Part XII, Line 2c: The audit process has not changed from the previous year.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Covenant Health Investment Trust

Employer identification number 04-6835128

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Youville Lifecare Inc 04-2103582							
1575 Cambridge Street	Hospital and health care				Covenant Health,		
Cambridge, MA 02138	facility	Massachusetts	501(c)(3)	Line 10	Inc.		X
St. Joseph Manor Health Care - 04-2565937							
215 Thatcher Street	Nursing home and				Covenant Health,		
Brockton, MA 02302	restorative facility	Massachusetts	501(c)(3)	Line 10	Inc.		X
St. Mary's Health system - 22-2504349							
P.O. Box 7291	Hospital and health care				Covenant Health,		
Lewiston, ME 04243	facility	Maine	501(c)(3)	Line 12a, I	Inc.		Х
St. Joseph's Hospital of Nashua, NH Inc							
02-0222215, 172 Kinsley Street, Nashua, NH	Hospital and health care				Covenant Health,		
03061	facility	New Hampshire	501(c)(3)	Line 3	Inc.		Х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	trolled
of related organization		foreign country)	section	status (if section	entity	organi	ization?
Youville Place - 04-3297834				501(c)(3))		Yes	No
10 Pelham Road	-				Commont Health		
		1	501/ \/2\		Covenant Health,		x
Lexington, MA 02421	Assisted living services	Massachusetts	501(c)(3)	Line 10	Inc.		^
St. Mary's Villa Nursing Home, Inc							
23-2057177, 675 St. Mary's Villa Road,	Nursing home and		501/ \/2\		Covenant Health,		\ v
Moscow, PA 18444	restorative facility	Pennsylvania	501(c)(3)	Line 10	Inc.		X
CHS of Waltham, Inc. d/b/a Maristhill	-1						
Nursing & Rehab Center - 04-3333609, 66	Nursing home and			L	Covenant Health,		٦,
Newton Street, Waltham, MA 02453	restorative facility	Massachusetts	501(c)(3)	Line 10	Inc.		X
CHS of Worcester, Inc. d/b/a St. Mary Care	_						
Center - 04-3419625, 39 Queen Street,	Nursing home and				Covenant Health,		l
Worchester, MA 01610	restorative facility	Massachusetts	501(c)(3)	Line 10	Inc.		X
Fanny Allen Holdings, Inc 03-0181052							
790 College Parkway	Real estate holding				Covenant Health,		
Colchester, VT 05446	company	Vermont	501(c)(3)	Line 12a, I	Inc.		X
St. Andre Health Care - 01-0342399							
407 Pool Street	Nursing home and				Covenant Health,		
Biddeford, ME 04005	restorative facility	Maine	501(c)(3)	Line 10	Inc.		X
MI Nursing Restorative Center, Inc							
04-2104851, 172 Lawrence Street, Lawrence,	Nursing home and				Covenant Health,		
MA 01841	restorative facility	Massachusetts	501(c)(3)	Line 10	Inc.		X
Helping Hands of St. Marguerite, Inc							
80-0199674, 799 Concord Avenue, Cambridge,	Private home-care health				Covenant Health,		
MA 02138	services	Massachusetts	501(c)(3)	Line 10	Inc.		X
Fanny Allen Corporation, Inc 22-2495808							
790 College Parkway					Covenant Health,		
Colchester, VT 05446	Charitable foundation	Vermont	501(c)(3)	Line 12a, I	Inc.		X
Youville House, Inc 04-3239593							
1573 Cambridge Street					Youville		
Cambridge, MA 02138		Massachusetts	501(c)(3)	Line 10	Lifecare, Inc.		X
Youville Hospital and Rehabilitation Center					,		—
Inc 04-3239563, 1575 Cambridge Street,	─ Hospital and health care				Youville		
Cambridge, MA 02138		Massachusetts	501(c)(3)	Line 10	Lifecare, Inc.		х
St. Mary's Regional Medical Center -	_				, ,		
01-0211551, P.O. Box 7291, Lewiston, ME	─ Hospital and health care				St. Mary's Health		
04243	facility	Maine	501(c)(3)	Line 3	System		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	<u> </u>	zation?
Community Clinical Services - 01-0409788				301(0)(0))		Yes	No
P.O. Box 7291	_				St. Mary's Health		
Lewiston ME 04243	— Physician practice	Maine	501(c)(3)	Line 10	System		X
St. Mary's D'Youville Pavilion - 01-0211558	Filysician practice	Maine	501(0/(3/	Dille 10	System		22
P.O. Box 7291	Nursing home and				St. Mary's Health		
Lewiston ME 04243	restorative facility	Maine	501(c)(3)	Line 10	System		Х
St. Mary's Residences - 22-2504356	resconding rading,	Harne	501(0)(3)	Bine 10	Dybeem		
P.O. Box 7291					St. Mary's Health		
Lewiston ME 04243	Low income housing	Maine	501(c)(3)	Line 10	System		Х
Neighborhood Housing Initiative - 01-0539730			501(5)(5)	10	Dy b com		
P.O. Box 7291	Affordable housing				St. Mary's Health		
Lewiston, ME 04243	services	Maine	501(c)(3)	Line 10	System		Х
Souhegan Nursing Association - 02-0222795			552(5)(5)		St. Joseph		
24 North River Road	_				Hospital of		
Milford NH 03055	Home health and hospice	New Hampshire	501(c)(3)	Line 10	Nashua, NH Inc.		Х
The Surgicenter at St. Joseph Hospital Inc.		in indiapolitic	552(5)(5)		St. Joseph		
- 02-0222215 172 Kinsley Street Nashua NF	-				Hospital of		
03061	center	New Hampshire	501(c)(3)	Line 10	Nashua, NH Inc.		Х
MI Management, Inc 04-2857794					,		
172 Lawrence Street					Covenant Health,		
Lawrence, MA 01841	— Assisted living services	Massachusetts	501(c)(3)	Line 12a, I	Inc.		Х
MI Adult Day Health Care Center Inc				,	•		
04-2921888, 189 Maple Street, Lawrence, MA					Covenant Health,		
01841	— Adult day care services	Massachusetts	501(c)(3)	Line 10	Inc.		X
MI Residential Community Inc 04-2647207							
189 Maple Street					Covenant Health,		
Lawrence, MA 01841	HUD low income housing	Massachusetts	501(c)(3)	Line 10	Inc.		Х
MI Residential Community II, Inc							
04-2679954, 189 Maple Street, Lawrence, MA					Covenant Health,		
01841	HUD low income housing	Massachusetts	501(c)(3)	Line 10	Inc.		Х
MI Residential Community III, Inc							
04-2186043, 189 Maple Street, Lawrence, MA					Covenant Health,		
01841	HUD low income housing	Massachusetts	501(c)(3)	Line 10	Inc.		Х
MI Transportation, Inc 04-2921889							
189 Maple Street	─ Elderly transportation				Covenant Health,		
Lawrence, MA 01841	services	Massachusetts	501(c)(3)	Line 10	Inc.		Х

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section (
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	—	zation?
Mary Immaculate Guild, Inc 46-3073987				33.(5)(5))		Yes	No
172 Lawrence Street	Supporting grants and				Covenant Health,		
Lawrence MA 01841	donations	Massachusetts	501(c)(3)	Line 12a, I	Inc.		Х
							
St. Joseph Healthcare Foundation -	7				Covenant Health,		
22-2480149, 360 Broadway, Bangor, ME 04402	Healthcare foundation	Maine	501(c)(3)	Line 10	Inc.		Х
St. Joseph Hospital - 01-0212435					St. Joseph		
360 Broadway	Hospital and health care				Healthcare		
Bangor, ME 04402	facility	Maine	501(c)(3)	Line 3	Foundation		Х
M & J Company - 22-2480150					St. Joseph		
360 Broadway	7				Healthcare		
Bangor, ME 04402	Lease holding company	Maine	501(c)(2)		Foundation		X
St Joseph Ambulatory Care, Inc 22-2480373	1				St. Joseph		
360 Broadway	7				Healthcare		
Bangor, ME 04402	Physician practice	Maine	501(c)(3)	Line 10	Foundation		Х
Alternative Health Services - 01-0422885					St. Joseph		
360 Broadway	7				Healthcare		
Bangor, ME 04402	Home health and hospice	Maine	501(c)(3)	Line 10	Foundation		Х
Mount St. Rita Health Centre - 05-0342330							
15 Sumner Brown Road	7				Covenant Health,		
Cumberland, RI 02864	Nursing home	Rhode Island	501(c)(3)	Line 10	Inc.		Х
Penacook Place, Inc 23-7090088							
150 Water Street	7				Covenant Health,		
Haverhill, MA 01830	Nursing home	Massachusetts	501(c)(3)	Line 10	Inc.		Х
Covenant Health, Inc 22-2484505							
100 Ames Pond Drive	Health care management and						
Tewksbury, MA 01876	resource organization	Massachusetts	501(c)(3)	Line 10	N/A		Х
Covenant Health Foundation, Inc							
80-0199674, 100 Ames Pond Drive, Tewksbury,	7				Covenant Health,		
MA 01876	Charitable foundation	Massachusetts	501(c)(3)	Line 12a, I	Inc.		Х
	<u> </u>						
	7						
	7						

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	(k) Percentage ownership
		Country)		5551515 572 571)			res	NO	10 (om 1003)	resi	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr	b)(13)
		country)		,				Yes	No
Covenant Health Insurance LTD - 04-3360127									
P.O. Box 69	Self-insurance	Cayman						'	l
Grand Cayman, CAYMAN ISLANDS KY1-1102	company	Islands	N/A	C CORP	N/A	N/A	N/A	'	X
Campus Holding - 01-0406049									
P.O. Box 7291	1							'	
Lewiston, ME 04240	Holding company	ME	N/A	C CORP	N/A	N/A	N/A	'	X
St. Joseph Corporate Services, Inc									
02-0405197, 172 Kinsley Street, Nashua, NH	1							'	
03060	Holding company	NH	N/A	C CORP	N/A	N/A	N/A	'	X
Strauss Incorporated - 01-0391369									
360 Broadway	Repairs and							'	l
Bangor, ME 04402	transcriptions	ME	N/A	C CORP	N/A	N/A	N/A	'	Х
GNM Corporation - 02-0400550									
172 Kinsley Street	Real estate holding							'	
Nashua, NH 03060	company	NH	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont ent	tion b)(13) rolled tity?
		country)		Or trust)		assets		Yes	No
SJ Physicians Services - 02-0522234									
172 Kinsley Street									
Nashua, NH 03060	Physician practice	NH	N/A	C CORP	N/A	N/A	N/A		х
					-17		+,		
		+					+		
		1							
-		+					+		
							1		
-									
			l			L			<u> </u>

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11	Х	
	Performance of services or membership or fundraising solicitations by related orga				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
1)							
2)							
3)							
4)							
5)							
۵,							
6)		16					
3216	3 10-28-20	46		Schedule F	₹ (Forr	n 990	2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percer	ntage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partn	owner owner	rsnip
		Country)	Sections 5 (2-5 (4)	Yes N	o Income	assets	Yes	No	(F01111 1065)	Yes I	10	
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